

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01/20/04.

### I. DISPUTE

Whether there should be reimbursement for E0236, E1399 (cold therapy cooler wrap), E1399 (water circulating pad), E0781, L3670 for date of service 02/28/03 and E0236, E1399 (cold therapy cooler wrap), E1399(water circulating pad), E0781 and E0114 for date of service 05/13/03.

### II. FINDINGS

The respondent reduced payment based on “F,M, O-This bill was paid at 85% which is fair and reasonable. No additional payment is recommended at this time” and “F,O This bill was paid at fair and reasonable, no additional payment is recommended at this time”.

### III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/28/03	E0236	\$494.00	\$419.90	F, M, O	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX  Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$74.10 is recommended
02/28/03	E1399	\$75.00	\$63.75				The requestor provided redacted EOBs from insurance carriers paying \$75.00 for E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore does not support a change in reimbursement. Additional reimbursement is not recommended.
02/28/03	E1399	\$155.00	\$131.75				The requestor provided redacted EOBs from insurance carriers paying \$155.00 for E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore does not support a change in reimbursement. Additional reimbursement is not recommended.

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/28/03	E0781	\$485.00	\$412.25	F, M, O	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX  Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$72.75 is recommended
02/28/03	L3670	\$450.00	\$382.50				The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$67.50 is recommended
05/13/03	E0236	\$494.00	\$419.90				The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$74.10 is recommended
05/13/03	E1399	\$75.00	\$63.75				The requestor provided redacted EOBs from insurance carriers paying \$75.00 for E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore does not support a change in reimbursement. Additional reimbursement is not recommended.
05/13/03	E1399	\$155.00	\$131.75				The requestor provided redacted EOBs from insurance carriers paying \$155.00 for E1399 misc. durable medical equipment. It is not clear if this is the same item as the one in dispute, therefore does not support a change in reimbursement. Additional reimbursement is not recommended.
05/13/03	E0781	\$485.00	\$412.25				The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$72.75 is recommended
05/13/03	E0114	\$110.00	\$31.50				The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$78.50 is recommended
<b>Totals</b>		\$2,978.00	\$2,469.30				The Requestor is entitled to reimbursement of <b>\$439.70.</b>

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of **\$439.70**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$439.70** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4<sup>th</sup> day of June 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

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